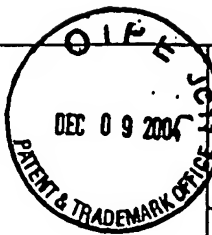


FORM PTO-1449 (modified)
To: U.S. Department of Commerce
(PW FORM PAT-1449)
Patent and Trademark Office



Attorney Docket No.: 2560-0419

Applicant: SCHREIBER, Karl

Appln. S.N.: 10/758,214

Filing Date: January 16, 2004

Examiner: Unknown

Group Art Unit: 3745

Information Disclosure Statement by Applicant

Date: November 12, 2004

Page 1 of 1

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Examiner's Initials		Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)
JK	AR	5,692,881	12/1997	Leibfried	-	-	
FK	BR	6,033,186	03/2000	Schilling et al.	-	-	
	CR						
	DR						
	ER						
	FR						
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	IR						
	JR						
	KR						
	LR						
	MR						
	NR						

FOREIGN PATENT DOCUMENTS

English Abstract

Translation Readily Available

		Document Number	Date MM/YYYY	Country	Inventor Name	Enclosed	No	Enclosed	No
JK	OR	1627779	07/1971	Germany	Petrie et al.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	PR	3507578	09/1985	Germany	Barry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	QR	1,089,247	11/1967	Great Britain	Petrie et al.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RR	2155558	09/1985	Great Britain	Barry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SR	577108	06/1976	Switzerland	Szewalski	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	TR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	XR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER (Including in this order Author, Title, Periodical Name, Pertinent Pages, etc.)

JK	YR	German Seach Report dated January 18, 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ZR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AAR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Examiner: *[Signature]*

Date Considered: *6/24/05*

***EXAMINER:** Initial if citation considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.